File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073

Reset Form

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FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGESTS AT A 19 AT A 10-1

DISCLOSUR	E SUMMART PAGE		8 AH 10: U8
COMMITTEE NAME (Must be same as on Statement of Or		7	- And the same of
Allamakee County Democratic Co	rum. Has		FORM
IMPORTANT: Indicate by # type of committee you are reporting for	r #		DR-2 DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Candidate (6) City Candidate (1)	ndidate (7) School Board or Other Delition	1 1	Rev. 07/2007) REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	of Board or Other Political Subdivision PAC (	E	or Office Use Only
CANDIDATE COMMITTEES ONLY:		ㅓ [:	omm. #
Candidate Name	Political Party (if applicable)	S	omm. # 1004
		1 1	omputer
Office Sought	District (if Senate or House)	1 1	udited
		J L	
Late reports are subject to possible civil and criminal penalties. I	Burguent to Jave Code costions COD CO.		
) \(\hat{\gamma}\) 20 \(\hat{\gamma}\)	rursuant to lowa code sections 68B.32A(/)	and 68	A.401(3), the candidate, for a
Holon Kukena	K12- F81 - 1000		1 17 00
SIGNATURE OF PERSON FILING REPORT	563-586-2000 TELEPHONE		1-17-08
SIGNATURE OF PERIODIC PERIODIC	TELEPHONE		DATE SIGNED
AM FILING A January 19, 2008	REPORT FOR (1) ELECTION //2	)NON-I	FI FCTION YEAR
(report date)	Indicate by #		ELOTION TEAT.
CHECK IF AMENDMENT TO REPORT DATED	-		
	Lo	cai Comi	mittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice	of Dissolution Form DR-3.	untv & L	ocal Committees, enter County in
(You must continue to file reports until a DR-3 is file			ion is held
STATEMENT OF CASH ON HAM	ND		
CASH ON HAND at the beginning of the reporting period. (1	Total of all funds held by the		. 4
committee. This amount MUST be the same as the	e cash on hand at the end	œ	1302 6
committee. This amount MUST be the same as the of the last reporting period or must be zero if this is  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Sche	mot roport mod./	Ф	1.50 %.
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)		7582 50
Schedule F: Loans Received total (Attach Schedul	e F)	•••••	
Schedule H: Total Sales of Campaign Property (At			annun, II
(Schedule H applies to Candidates' Con			; <b>0</b>
	SUB-TOTAL	\$	4885.18
SUBTRACT TOTAL MONEY SPENT THIS PERIO	D		
Schedule B: Expenditures total (Attach Schedule B			1763,32
Schedule F: Loan Repayments total (Attach Sched			
CASH ON HAND at the end of this reporting period (if final re		<b>©</b>	1763, <del>53</del> 3121, <u>65</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)			665,36
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	-		660,
*OUTSTANDING LOANS (From Schedule F - Attach Sched	iule +)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YESNO
CANDIDATE COMMITTEES ONLY:			
ALUE OF CAMPAIGN PROPERTY (From Schedule H - At	·	\$	
STATE COMMITTEES: Submit a reconciled campaign acco	unt bank statement in January of each ye	еаг.	

### For Instructions, See Back of Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Alla makee County Democratic Central Committee

eset Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	_	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1-5-07	ID# CK#	James Houlihan Family 1965 Houlihan Drive Harpers Ferry IA 52146		\$ 200.00	
2-3-07	ID# CK#	Unitemized cash donations (Central Comm. members donations)		5. 4	
2-3-07	ID# CK#	Check written 9/12/06 returned by Paula Hill, 2250 Eagle Ridge Ln Lonsing IA 52151		19.50	
4-3-07	ID# CK#	Michael Teter 606 20th Ave Scattle WA 98122		75,5	
4-14-07	ID# CK#	Ross Cavanagh 1669 Village Creek Dr Lansing IA 52151		20,00	
4-14-07	ID# CK#	Unitemized cash donations (Central Comm. members donations)		26. <u>oc</u>	
5-14-07	ID# CK#	Unitemized cash donations (Central Comm. members donations)		40,00	
6-1-07	ID# CK#	John Smela 304 Scett Hollow RJ Monona IA 52159		200.00	
6-2-07	ID# CK#	Unitemized cash donations For donation to develop Great River Road Bicycle Trail		310,00	
7-7-07	ID# CK#	Unitemized cash donations (Central Comm. members donations)		33,00	
			SUB-TOTAL	\$ 928,50	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_ (for Schedule A)

### For Instructions, See Back of Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Allamakee County Democratic Central Committee

et Form	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
		CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7-8-07	ID# CK#	Uniterized cash donations Donations at AllamakecCo. Fair booth		\$ 15.00	
8-6-07	ID# CK#	Unitemized eash donations		30,00	
8-18-07	ID# CK#	Sale of T-shirt		10,00	
9-8-07	ID# CK#	Unitemized cash donations		187.00	
10-6-07	ID# CK#	Bud Maust 418 2 <sup>nd</sup> St NE New Albin IA 52160		50.00	
16-6-07	ID# CK#	Uniterized eash donations		34,00	
10-15-07	ID# CK#	Dinner sales and donations		220,00	
10-18-07	ID# CK#	Dinner sales and donations		505. cc	V
10-23-07	ID# CK#	Dinner sales and donations		1,289.00	~
10-31-07	ID# CK#	Dinner sales		, 105. oc	V
			SUB-TOTAL	\$ 23 45.00	

TOTAL (if last page of this schedule)

Page 2 of 3 (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

### For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN** (including candidate's personal funds)

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**AMENDING FORM** 

COMMITTEE NAME (Must	be same as on Staten	nent of Organization)
Allamakee Count	y Democratic	Central Committee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND-
	NUMBER ID#		(п аррисавіе)		RAISER INCOME
10-31-07	СК#	Dinner income (sales)		\$ 210. CE	V
.1 :2 1.7	ID#	2 ( )			
11-13-07	CK#	Dinner income (sales)		30.00	
	ID#	Uniterized cash donations		~	
12-08-07	CK#	(Central Comm. members donations)		19.00	
	ID#	Jim Rixen			
12-12-07	CK#	Jim Rixen 250 4th St SE Wauken IA 52172		50,00	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	2000	

TOTAL (if last page of this schedule)

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of 3 (for Schedule A)

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURE
	CK THIS BOX IF NDING FORM

COMMITTEE NAM	IE (Must b	e same as on State	ement of Orga	nization)
Allamakee	County	Democratic	Central	Committee
,				C671

حديد خيار				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5-15-07	ID# CK# <i>5</i> ′2 <i>5</i> ′	Allamakee Co. Fair Board 913 1st Ave NW Wankon IA 52172	Booth rental	\$ 190.00
5-15-07	CR# 9 26	Auto-Owners Insurance 104 Ross ville Rd Waukon IA 52172	Liability insurance	159,00
6-2-07		Allamakee County 110 Allamakee St Waukon IA 52172	Bike Trail donation	360.00
6-19-07		News Publishing Co., Inc 15 1st St NW Waukon IA 52172	Veterans' Day Ad	35, <del>48</del>
9-12-07		Ja Decc's 17 1st St NW Waukon IA 52172	Copying costs	37.66
9-12-07		Maren Pratte 1627 Brady Prive Waterville IA 52170	Reimbursement for Fish Day fees (60) Instylvints (18.83)	78. <u>33</u>
9-8-07	ID# CK#	Postmaster-Harpers Ferry 52146	Stamps	8, 30
10-23-07	ID# CK#	Wonderful House 9 Spring Ave Waukon IA 52172	101 meals	694,86
			SUB-TOTAL	\$ 1563.53

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	of	2

\$

TOTAL (if last page of this schedule)

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
<b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) Allamakee County Democratic Central Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-2-07	ID# CK#	Haren #Pratte 1627 Brady Drive Waterville IA 52170	Reimbursement for Wonderful House deposit	\$ 200,00
	ID# CK#			
	ID#			
	CK#			
	ID#			
	CK#	. *		
	ID# CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			

TOTAL (if last page of this schedule) 1763.53

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2	_of2
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<b>FOR</b>	INSTRI	ICTIONS	SEE BACK	OF FORL

OR INSTRUCTIONS, SEE BACK OF FORM  COMMITTEE NAME (Must be same as on Statement of Organization)		SCHEDULE E (Rev. 06/97)	IN-KIND
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DATE RECEIVED (MW/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
07/07/07	Judith Engle 802 W Main St #205 Waukon IA 52172		Fair booth prizes	75.00	
07/07/01	Mary Pladsen 1059 Jefferson Rd Waukon IA 52172		Fair booth	65.00	
07/07/07	Karen Pratte 1627 Brady Drive Waterville IA 52170		Fair booth prizes	75,00	
09/08/07	Kris Walleser 1504 Dry Ridge Dr Lansing IA 52151		Web page Fee	110.00	
09/08/07	Marilyn Etchison 677 Aspen Rd Harpers Ferry IA 52146		Spencer banner	60.00	
09/08/07	Karen Pratte 1627 Brady Orive Waterville IA 52170		Lansing Fish Days prizes	35, <u>ee</u>	
09/08/07	M. TAPINA		Blog Website Fee	60,00	
09/08/07	Mary Manning 1273 Eagle Ridge Ln Lansing IA 152151		Lansing Fish Days Deceration	25. co	
11/02/07	Waterville IA 52170		Ads for Fund raiser dinns	135, 36	
11/02/07	John Smola 304 Scott Hollow Rd Monona IA 52159		Name Tags for Fund-vaisordinner	25,00	
			SUB-TOTAL	\$665,36	
			TOTAL (if last page of this	665.36	
			schedule)		

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

/ of / (for Schedule E) Page\_